

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Black PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00609388	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Break Something Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2020</b>	
Mailing Address 1701 Rhode Island Ave NW FI 5		Amount <b>30000.00</b>	
City Washington	State DC	Zip Code 20036-3040	<b>Transaction ID : VTDG0AEPF56</b>
Purpose of Expenditure Digital Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<b>3203039.76</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Break Something Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2020</b>	
Mailing Address 1701 Rhode Island Ave NW FI 5		Amount <b>10000.00</b>	
City Washington	State DC	Zip Code 20036-3040	<b>Transaction ID : VTDG0AEPF64</b>
Purpose of Expenditure Digital Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<b>3203039.76</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>40000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Shropshire, Adrienne, R., ,***[Electronically Filed]**

Date

MM / DD / YYYY  
**09 / 18 / 2020**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Black PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00609388
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Break Something Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2020</b>
Mailing Address 1701 Rhode Island Ave NW FI 5		Amount <b>27500.00</b>
City Washington	State DC	Zip Code 20036-3040
Purpose of Expenditure Digital Advertising & Production - Estimate		Transaction ID : <b>VTDG0AEPF80</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Cunningham, Cal, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Burrell Communications Group, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2020</b>
Mailing Address 233 N Michigan Ave Ste 2900		Amount <b>91997.00</b>
City Chicago	State IL	Zip Code 60601-5709
Purpose of Expenditure Media Buy - Estimate		Transaction ID : <b>VTDG0AEPF31</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate James, John, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>119497.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Shropshire, Adrienne, R., ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Burrell Communications Group, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2020</b>
Mailing Address 233 N Michigan Ave Ste 2900		Amount <b>3830.00</b>
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60601-5709</b>
Purpose of Expenditure Media Production - Estimate		Category/Type
Name of Federal Candidate <b>James, John, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure		Category/Type
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>3830.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>163327.00</b>

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*Shropshire, Adrienne, R., ,***[Electronically Filed]**

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